

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**

SERIAL NO. **10-621-826**
APPLICANT(S)

FLING DATE **07-17-03**

| CLAIMS | | | | | | |
|--------------|----------|-----|---------------------|-----|---------------------|-----|
| | AS FILED | | AFTER 1ST AMENDMENT | | AFTER 2ND AMENDMENT | |
| | IND | DEP | IND | DEP | IND | DEP |
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| 3 | | 1 | | | | |
| 4 | | 1 | | | | |
| 5 | 1 | | | | | |
| 6 | 1 | | | | | |
| 7 | | 2 | | | | |
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| 10 | | 2 | | | | |
| 11 | | 2 | | | | |
| 12 | | 2 | | | | |
| 13 | | 2 | | | | |
| 14 | 1 | | | | | |
| 15 | | (1) | | | | |
| 16 | | 2 | | | | |
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| 18 | | 2 | | | | |
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| TOTAL IND. | 5 | | | | | |
| TOTAL DEP. | 33 | | | | | |
| TOTAL CLAIMS | 38 | | | | | |